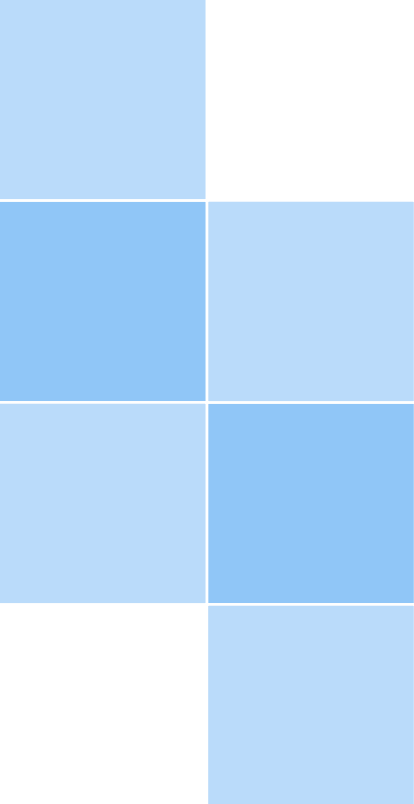


FY 2022 –
FY 2023



Maternal, Infant and Early Childhood Home Visiting (MIECHV)

American Rescue Plan

Request for Applications

Indiana Department of Health

Division of Maternal and Child Health



TABLE OF CONTENTS

FUNDING OPPORTUNITY DETAILS	4
Executive Summary:	4
Submission Details:.....	4
Statutory Authority	4
Program Goals.....	5
Program Activities and Expectations	6
Fidelity to Nurse Family Partnership Service Delivery Model.....	7
Recruitment and Enrollment.....	9
Collaboration with Early Childhood Partners and System Coordination	9
Continuous Quality Improvement Plan.....	10
Performance Measurement and Reporting	10
Evaluation.....	11
Award Information.....	11
Type of Application and Award.....	12
Summary of Funding	12
Requesting Funds	12
Funds	12
Eligibility Information	13
Application Information.....	13
Summary of Timeline	13
Evaluation of Applications.....	13
Application Instructions	14
Application Outline.....	14
Section 1: Primary Information.....	14
Section 2: Project Overview.....	14
Section 3: Program Overview	15

Section 3-A: Community Need.....	15
Section 3-B: Program description:	15
Section 3-C: Recruitment.....	16
Section 3-D: Project Goals:.....	16
Section 3-E: Partnerships:	17
Section 3-F: Health Equity:.....	17
Section 3-G: Data and Evaluation	18
Section 3-H: Continuous Quality Improvement	18
Section 3-I: Sustainability plan	18
Section 4: Budget Justification.....	18
Section 5: Required Attachments.....	19
Attachment A: Work plan	19
Attachment B: Budget.....	19
Attachment C: Letter of Support.....	20
Attachment D: Organizational Chart	20
Attachment E: Position and Job Descriptions.....	20
Attachment F: Other State Funding synopsis.....	20
Additional Information.....	20
IDOH Contacts	20

FUNDING OPPORTUNITY DETAILS

EXECUTIVE SUMMARY:

The Indiana Department of Health, Maternal and Child Health is accepting applications for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) American Rescue Plan (ARP) Program to fund Nurse Family Partnership (NFP) services, starting from October 1st, 2022 through September 30, 2024. The purpose of this one-time funding is to address the needs of expectant parents and families with young children during the COVID-19 public health emergency. This funding is intended to expand delivery of coordinated and comprehensive high-quality voluntary home visiting services to eligible families through implementation of NFP. Awarded organizations are expected to apply with MIECHV ARP procedures, which includes clear delineation of MIECHV ARP activities and funding.

Funding Opportunity Title:	MIECHV ARP FY22 Nurse Family Partnership
Due Dates for Application:	Friday, June 10, 2022
Anticipated Total Available Funding:	\$706,383
Estimated Number and Type of Awards:	Up to 4 awards
Estimated Award Amount:	Amounts vary
Cost Sharing/Match Required:	No
Period of Performance:	10/1/2022-9/30/2024
Eligible Applicants:	Nurse Family Partnership National Service Office approved in-good standing or conditionally approved local agencies

You (the applicant organization) are responsible for complying with instructions included in [Application Information](#) section of this Request for Applications (RFA).

SUBMISSION DETAILS:

To be considered for this competitive funding, a completed application must be received by IDOH by **NO LATER THAN:**

Friday June 10, 2022 at 5pm EST

SUBMIT APPLICATIONS VIA EMAIL TO: ldoggett@health.in.gov

STATUTORY AUTHORITY

This notice of award provides one-time funding made available under section 9101 of the American Rescue Plan Act (ARP), P.L. 117-2, to address the needs of expectant parents and families with young children during the COVID-19 public health emergency.

PROGRAM GOALS

The overall goals of the Indiana (IN) MIECHV ARP Program are to: (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for eligible families who reside in at-risk communities, as identified in Indiana's [statewide needs assessment](#).

The IN MIECHV ARP Program responds to the diverse needs of children and families in at-risk communities. At-risk communities are identified in Indiana's statewide needs assessment as those communities for which indicators, in comparison to statewide indicators, demonstrated that the community is at greater risk than the state as a whole. At risk communities are further defined as counties with concentrations of the following indicators: premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school drop-outs; substance abuse; unemployment; or child maltreatment.

The overall vision of Indiana's MIECHV ARP Program is to improve health and developmental outcomes for children and families who are at risk. This vision is accomplished through the following goals and objectives:

1. Expansion of the Nurse Family Partnership (NFP) to eligible families impacted by COVID-19 and not currently served by NFP.
 - a. By 1/1/2023 additional home visiting slots will be available in proposed communities.
 - b. By the end of each program year (federal fiscal year), awardee will meet the goal set to serve an anticipated caseload as identified during the RFA process.
2. Develop a system of coordinated services statewide of existing and newly developed NFP programs in order to provide appropriate, targeted, and unduplicated services and locally coordinated referrals to all children, mothers, and families who are high-risk throughout Indiana.
 - a. By 9/30/24, inform organizations in Indiana [that currently serve as a referral source for home visiting programs] regarding referral coordination and expansion of services in order to provide appropriate, targeted, and unduplicated services to all children, mothers, and families who are high-risk throughout Indiana.
 - b. By 9/30/24, coordinate referrals for enrolling new eligible families, including partnering with My Healthy Baby in available counties.
3. Coordinate necessary services outside of home visiting programs to address needs of participants, which may include: mental health, primary care, dental health, children with special needs, substance use, childhood injury prevention,

child abuse / neglect / maltreatment, school readiness, housing, employment training and adult education programs.

- a. Referral coordination will be provided by Help Me Grow Indiana in available counties for MIECHV ARP-funded families with children who screen positive for concern for developmental delay or require additional services by 9/30/2024.

PROGRAM ACTIVITIES AND EXPECTATIONS

Funds must be used to serve families through the Nurse-Family Partnership (NFP) model to provide in-person or virtual home visits and other program activities. Expanded NFP services must not supplant current available funding for home visiting service delivery. This includes service expansion to new families and/or new at-risk communities as identified by the current statewide needs assessment. Applicants should explain and justify why communities are chosen for expansion.

Priority for providing services under the MIECHV ARP Program must be given to the following:

- Eligible families who reside in communities in need of such services, as identified in the [statewide needs assessment](#), taking into account the staffing, community resource, and other requirements to operate NFP and demonstrate improvements for eligible families;
- Communities disproportionately impacted by COVID-19, including communities of color and families with limited access to healthcare
- Low-income eligible families
- Eligible families with pregnant women who have not attained age 21
- Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services
- Eligible families that have a history of substance abuse or need substance abuse treatment
- Eligible families that have users of tobacco products in the home
- Eligible families that are or have children with low student achievement
- Eligible families with children with developmental delays or disabilities
- Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States

- Eligible families that represent disparate racial and ethnic populations with the highest infant mortality rates
- Communities identified to have high [infant mortality rates](#)
- Communities identified to have high [maternal morbidity and/or mortality](#)

FIDELITY TO NURSE FAMILY PARTNERSHIP SERVICE DELIVERY MODEL

Nurse Family Partnership (NFP) helps transform the lives of vulnerable, first-time moms and their babies. Through ongoing home visits from registered nurses, low-income, first-time moms receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. From pregnancy until the child turns two years old, NFP Nurse Home Visitors form a much needed, trusting relationship with the first-time moms, instilling confidence, and empowering them to achieve a better life for their children and themselves.

NFP's evidence-based community health program produces long term family improvements in health, education, and economic self-sufficiency. By helping to break the cycle of poverty, NFP plays an important role in helping to improve the lives of society's most vulnerable members, build stronger communities, and leave a positive impact on this and future generations.

The NFP National Service Office (NSO) is a non-profit organization that provides implementing agencies with the specialized expertise and support needed to deliver NFP with fidelity to the model, so that each community can see comparable outcomes.

The NFP Model Elements are supported by evidence of effectiveness based on research, expert opinion, field lessons, and/or theoretical rationales. LIAs must implement in accordance with these model elements, assuring implementing agencies have a high level of confidence that results will be comparable to those measured in research.

The Model Elements are as follows:

- Element 1: Client participates voluntarily in the Nurse-Family Partnership program.
- Element 2: Client is a first-time mother.
- Element 3: Client meets low-income criteria at intake.
- Element 4: Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28th week of pregnancy.
- Element 5: Client is visited one-to-one: one nurse home visitor to one first-time mother/family.
- Element 6: Client is visited in her home as defined by the client, or in a location of the client's choice.
- Element 7: Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the standard NFP visit schedule or an alternative visit schedule agreed upon between the client and nurse.
- Element 8: Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing.

- Element 9: Nurse home visitors and nurse supervisors participate in and complete all education required by the NFP NSO. In addition, a minimum of one current NFP administrator participates in and completes the Administration Orientation required by NFP NSO.
- Element 10: Nurse home visitors use professional knowledge, nursing judgment, nursing skills, screening tools and assessments, frameworks, guidance and the NFP Visit-to-Visit Guidelines to individualize the program to the strengths and risks of each family and apportion time across the defined program domains.
- Element 11: Nurse home visitors and supervisors apply nursing theory, nursing process and nursing standards of practice to their clinical practice and the theoretical framework that underpins the program, emphasizing Self-Efficacy, Human Ecology and Attachment theories, through current clinical methods.
- Element 12: A full-time nurse home visitor carries a caseload of 25 or more active clients.
- Element 13: NFP agencies are required to employ a NFP nurse supervisor at all times.
- Element 14: Nurse supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings and field supervision.
- Element 15: Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and ensure that it is accurately entered into the NFP data collection system in a timely manner.
- Element 16: NFP nurse home visitors and supervisors use data and NFP reports to assess and guide program implementation, enhance program quality, demonstrate program fidelity and inform clinical practice and supervision.
- Element 17: A Nurse-Family Partnership implementing agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families.
- Element 18: A Nurse-Family Partnership implementing agency convenes a long-term Community Advisory Board that reflects the community composition and meets at least quarterly to implement a community support system for the program and to promote program quality and sustainability.
- Element 19: Adequate organizational support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program with fidelity to the model.

For more information about NFP, please visit the website at: www.nursefamilypartnership.org

MODEL ENHANCEMENTS

For the purposes of the IN MIECHV ARP Program, an acceptable enhancement of the NFP model is a variation to better meet the needs of targeted at-risk communities that does not alter the core components of the model. Model enhancements may or may not have been tested with rigorous impact research. Recipients who wish to adopt enhancements must submit written approval from the NFP NSO and IDOH. It must be determined by NFP NSO and IDOH that the

enhancement does not alter the core components related to program impacts, and IDOH must determine it to be aligned with MIECHV ARP Program activities and expectations.

RECRUITMENT AND ENROLLMENT

Recipients must develop a system of coordinated referrals for enrolling new eligible families, including partnering with My Health Baby in available counties. My Healthy Baby is a collaboration between the IDOH, the Indiana Family and Social Services Administration (FSSA) and the Indiana Department of Child Services (DCS). This initiative is building a network of services and support to connect pregnant women to family support providers in their own community.

Recipients must implement Nurse Family Partnership with fidelity to the model, which may include development of policies and procedures to recruit, enroll, disengage, and re-enroll participants. Enrollment policies should strive to balance continuity of services to eligible families and availability of slots to unserved families.

Dual enrollment refers to home visiting participant enrollment and receipt of services through more than one MIECHV ARP-supported home visiting model concurrently. Similar to current policies, families enrolled through MIECHV ARP funds must be identified as a “MIECHV ARP family” from enrollment. Toward responsible fiscal stewardship and to maintain model fidelity, recipients should develop and implement policies and procedures to avoid dual enrollment. Avoiding dual enrollment maximizes the availability of limited resources for home visiting services for eligible families and prevents duplicative collection and reporting of benchmark data.

MIECHV ARP FAMILY DESIGNATION AT ENROLLMENT

Families are designated as “MIECHV ARP” at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all families as MIECHV ARP that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV ARP funding.

COLLABORATION WITH EARLY CHILDHOOD PARTNERS AND SYSTEM COORDINATION

Recipients will ensure the provision of high-quality home visiting services to eligible families in at-risk communities by, in part, coordinating with comprehensive statewide early childhood systems to support the needs of those families. To do this, recipients must establish appropriate linkages and referral networks to other community resources and supports, including those represented in comprehensive statewide and local early childhood systems. An early childhood system brings together health, early care and education, and family support program partners, as well as community leaders, families, and other stakeholders to achieve agreed-upon goals for thriving children and families.

Additionally, recipients must engage in Indiana's Help Me Grow (HMG) efforts to a system approach in designing a comprehensive, integrated process for ensuring developmental promotion, early identification, referral and linkage, if available. The system model of HMG reflects a set of best practices for designing and implementing a system that can optimally meet the needs of young children and families.

The HMG system is used to implement effective, universal, early surveillance and screening for all children and then link them to existing quality programs through organization and leverage of existing resources in order to be serve families with children at-risk.

CONTINUOUS QUALITY IMPROVEMENT PLAN

Recipients are required to implement Continuous Quality Improvement (CQI) activities and report progress of those activities regularly to the State. The State will provide various opportunities for CQI capacity building throughout the project period. No plan is required for submission with this application.

PERFORMANCE MEASUREMENT AND REPORTING

Recipients must collect data in accordance to the NFP model. Recipients will utilize the electronic medical record system, Disease Management Coordination Network (DMCN), to improve the quality of service offered to NFP clients. Recipients must give permission to the IDOH epidemiologist for DMCN data extraction and analysis, including analyses to promote health of clients through MCH programs and funding. Recipient must also ensure their client consent forms address data sharing with IDOH.

Recipients must participate in performance reporting in alignment with HRSA's required reporting [Indiana's MIECHV Performance Measurement, Data Collection, and Data Analysis Plan](#). Reporting will include Forms 1, 2, and 4, quarterly reviews, and missing data clean-up..

Data for IN MIECHV ARP Annual Performance Reporting Forms 1 and 2 must be submitted to HRSA by October 30. Recipients will provide demographic, service utilization, and select clinical indicators and performance indicators and systems outcomes measures through email that represent activities occurring during the reporting period of October 1 through September 30. Subsequent annual performance reporting will be required using the same timeline. **Note that Indiana will utilize established method to meet HRSA expectation with external provider.**

Data forms are available online at:

[Form 1: Demographic, Service Utilization, and Select Clinical Indicators](#)

[Form 2: Performance and Systems Outcome Measures](#)

[Form 4: Quarterly Data Collection](#)

The performance indicators and systems outcomes performance report include data collected for the 19 constructs within the six benchmark areas. These constructs include: preterm birth, breastfeeding, depression screening, well child visits, postpartum care, tobacco cessation referrals, safe sleep, child injury, child maltreatment, parent-child interaction, early language and literacy activities, developmental screening, behavioral concerns, intimate partner violence screening, primary caregiver education, continuity of insurance coverage, completed depression referrals, completed developmental referrals, and intimate partner violence referrals. Specific inclusion and eligibility criteria has been established for each measure. IDOH requires that recipients submit performance reports (Form 4) on a quarterly basis that include: the number of new and continuing households served; maximum service capacity; identification of communities and zip codes where households are served; family engagement and retention, and; staff recruitment and retention.

***Note that all data regarding enrollees should include only those families designated as MIECHV ARP at enrollment as defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV ARP family at enrollment.**

Recipients must also submit narrative Quarterly Progress Reports including descriptions of the scope of activities in the categories outlined and consistent with those purposes, including updates on progress in achieving project goals and objectives. These reports will be submitted through email.

Quarterly reporting periods are defined as follows. Reports will be due no later than 15 days after the end of each reporting period:

- **Q1 – October 1-December 31;**
- **Q2 – January 1-March 31;**
- **Q3 – April 1-June 30; and**
- **Q4 – July 1-September 30.**

All reports will be distinct from reports required for MIECHV formula grant (X10) awards.

Quarterly reports will assist in tracking this information at the state-level for grants oversight and monitoring purposes and to be better able to target technical assistance resources, as necessary.

EVALUATION

Recipients must assure participation in any national evaluation activities, if selected to participate.

AWARD INFORMATION

The purpose of this Request for Applications (RFA) is to select a vendor(s) to serve as a local implementing agency that can satisfy the State’s need to expand high-quality home visiting services to eligible families in at risk communities in the continued effort to address the current COVID-19 public health emergency. It is the intent of the Indiana Department of Health (IDOH) to contract with a vendor(s) to provide quality Nurse Family Partnership (NFP) programming.

TYPE OF APPLICATION AND AWARD

Type(s) of applications sought: New

SUMMARY OF FUNDING

This program will provide funding in federal fiscal year (FY) 2022 and 2023. Approximately \$706,383 is expected to be available to fund up to 4 awards.

This is calculated based on a ceiling amount declared by HRSA and partnership between IDOH and the Department of Child Services.

REQUESTING FUNDS

Funds should be requested to support a proposed caseload of MIECHV ARP family slots through use of NFP home visiting model. Based on review of the application, IDOH staff will either approve or request clarification to the proposed caseload of MIECHV family slots by fiscal year and any proposed model enhancement(s). The funding award is dependent upon the approved, agreed upon plan.

Recipients should remember that inability to meet proposed caseloads may result in de-obligated funds, which may impact future funding.

The caseload of MIECHV ARP family slots (associated with the maximum service capacity) is the highest number of families (or households) that could potentially be enrolled at any given time if the program were operating with a full complement of hired and trained home visitors. All members of one MIECHV ARP family or household represent a single MIECHV ARP caseload slot. The count of slots should be distinguished from the cumulative number of enrolled families during the reporting period. It is known that the caseload of MIECHV ARP family slots may vary by federal fiscal year pending variation in available funding in each fiscal year.

MIECHV ARP-supported recipients that have been active for a year or longer should strive to maintain an active enrollment of at least 85 percent of their maximum service capacity.

IDOH recognizes that recipients may utilize a number of funding streams and use different administrative practices for assigning and reporting MIECHV ARP family slots.

FUNDS

Recipient(s) will not receive more than the total grant award ceiling estimated.

ELIGIBILITY INFORMATION

To be eligible for funding, applicants must currently be implementing Nurse Family Partnership in Indiana.

APPLICATION INFORMATION

The IDOH intends to sign a contract with one or more respondent(s) to fulfill the requirements in this RFA. The term of the contract shall be for a period of two (2) years from the date of contract execution expiring 9/30/2024. This is a one-time funding award without the opportunity for renewals. All application materials are available at the [IDOH Maternal and Child Health Funding Opportunities webpage](#).

SUMMARY OF TIMELINE

To be considered for this competitive funding, a completed application must be received by IDOH by **NO LATER THAN: Friday June 10, 2022 at 5pm EST**

SUBMIT APPLICATIONS VIA EMAIL TO: ldoggett@health.in.gov

Posting a Request for Applications (RFA)	May 2, 2022
Webinar/open office for Q&A	May 11, 2022
Deadline to Submit Written Questions	June 3, 2022
Application due date	Friday, June 10, 2022
Anticipated Award Announcements	June 24, 2022
Home Visiting Begins	October 1, 2022
Project Concludes	September 30, 2024

An informational webinar will be held on May 11, 2022 at 1:00-2:00 pm Eastern Time to discuss the application and answer questions.

Frequently Asked Questions (FAQs) will be posted on the [IDOH Maternal and Child Health Funding Opportunities webpage](#).

To ensure fair and equitable consideration to all applicants, questions about the requirements or the application process must be **submitted in writing by June 3, 2022 at 5:00 p.m. Eastern Time via email to ldoggett@health.in.gov**.

EVALUATION OF APPLICATIONS

Applications will be evaluated, and funds will be awarded, based upon:

1. Applicant's proposed target area has sufficient number of live births annually to provide a population base for the program.
2. Applicant's proposed target community is identified as a priority population, as indicated by [Indiana's MIECHV Statewide Needs Assessment 2020 Update](#).
3. Availability of state or other funding supporting NFP services in the proposed county
4. Proposed time it will take to begin serving families in the county
5. Applicant approved by NSO to provide NFP services in Indiana and complies with all fidelity criteria for the NFP model.
6. Applicant provides a comprehensive budget included in the RFA and demonstrates capacity to manage the program financially.

APPLICATION INSTRUCTIONS

The application **must be completed using the application template** provided and returned to IDOH by **June 10th 5:00pm EST**. The template provided should not be changed and will serve as the page limit. Please ensure font is legible and application is concise. Any applications received that are not on the template or past the deadline will not be accepted for review. During the review process, IDOH may request additional information from applicant organizations.

APPLICATION OUTLINE

Please refer to this document for all required application information that is expected to be included in the application template.

SECTION 1: PRIMARY INFORMATION

List the name, title, and contact information of the following individuals within the applicant agency:

- Program Name
- Organization Name
- Project Director
- Primary Contact
- Signatory Contact

SECTION 2: PROJECT OVERVIEW

This section must provide a brief description of the proposed program, funding amount requested, counties served, and the anticipated reach.

SECTION 3: PROGRAM OVERVIEW

SECTION 3-A: COMMUNITY NEED

This section must provide a clear picture of the proposed community to be served through this NFP expansion. Describe the community needs for expanded services to the NFP home visiting program:

- Identify the new at-risk communities where you intend to provide NFP services with the MIECHV ARP funding, which does not supplant current available funding for home visiting service delivery. Explain why you propose to provide services in new at-risk communities and the current need for NFP in the community as well as identified impacts of COVID-19. Include documentation from identified data sources, including how it aligns with the highest risk counties in the [statewide needs assessment](#).
- Describe any target subpopulations to whom you propose to serve, among eligible families living in proposed expansion area.
- Identify the number of low-income births per year within the community or catchment area in which the organization would propose to provide NFP services. How was this determined? (include full citation for data source).

SECTION 3-B: PROGRAM DESCRIPTION:

This section must provide a clear picture of the proposed expansion of NFP services. Describe how the proposed NFP expansion will be implemented to serve the proposed new community:

- Identify the current capacity of the organization and the community to implement NFP effectively with fidelity to the model, based on available resources and support from NFP NSO.
 - Describe how services will be provided on a voluntary basis to eligible families, including any policies and procedures.
 - Describe how organization will ensure clinical supervision with reflection, demonstration of theories integration, and professional development facilitation occurs through one-to-one clinical supervision, case conferences, team meetings, and field supervision.
 - Proposed enhancement to the NFP model that do not alter the core component of the model and (if you propose a substantial change in methodology, provide

documentation of the NFP NSO agreement with your plans to ensure fidelity to the model).

- Describe how you will meet previously described program activities and expectations (as listed in the [Program Goals](#) section), including those related to:
 - Priority for serving high-risk populations
 - Reducing Indiana’s infant mortality rate amongst disparate populations
- Describe any major barriers to providing NFP services in the selected at risk counties and plans to address those barriers.
- Describe proposed activities with the NFP NSO (including state or regional representatives), including any:
 - Planned technical assistance, training, and/or professional development activities provided by NFP NSO; and
 - Planned or expected monitoring for fidelity by the NFP NSO.
- Discuss technical assistance that may be requested from IDOH staff, IDOH-supported technical assistance providers, NFP NSO, and/or another provider to support resolution of named challenges.

SECTION 3-C: RECRUITMENT

In this section, describe recruitment strategies. How do you plan to recruit eligible participants into the program?

- Describe how the target population will be identified, recruited, and retained.
 - Policies the organization will utilize to address recruitment, enrollment, disengagement, and re-enrollment of eligible participants.
 - Identify the policies and procedures utilized to avoid dual-enrollment in more than one MIECHV- supported program.
- Describe how you will reach the target population and provide them with information about the program or services offered.
- Briefly discuss any difficulty recruiting, enrolling, or retaining families and any steps taken to address this difficulty.

SECTION 3-D: PROJECT GOALS:

This section should describe how the program intends to achieve the proposed goals, outcomes, and objectives. The goals and outcomes should reflect those seen in the [work plan](#).

- Provide the overall project goals, outcomes, and objectives for the proposed program(s). Ensure SMARTIE objectives are used: Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable.
- Describe how achievement of the goals will produce meaningful and relevant results.
- Identify how the program will support the needs of the identified at-risk counties.

SECTION 3-E: PARTNERSHIPS:

This section should include a description of how this program will partner with community members and organizations.

- What established relationships/partnerships do you currently have in the proposed community?
 - Describe the linkages and referral networks the organization currently utilizes to support the needs of families. Identify how the organization plans to continue to establish these linkages and referral networks.
 - Describe any key activities that promote coordination of services for eligible families.
- What relationships/partnerships are you planning to make?
 - Describe how you will establish and communicate a shared vision for a high quality early childhood system in partnership with health, early care and education, and family support program partners in the newly identified community.
 - Describe how will you disseminate information about the program to local community organizations.

SECTION 3-F: HEALTH EQUITY:

This purpose of the section is to describe how you will ensure health equity for the program.

- Describe how the program strategies will meet the needs of the community and will be culturally appropriate.

- Describe how you will aim to reduce barriers to health equity including race, socioeconomic status, education level, age, sex, disability, location, ethnicity, and sexual orientation.
- Describe any key activities that support parent engagement in activities. Describe how the organization will involve parents in planning, designing, implementing and evaluation activities of the MIECHV ARP project.

SECTION 3-G: DATA AND EVALUATION

In this section, describe your organization's ability to collect data to adequately demonstrate progress being made to achieve project goals and objectives, including:

- The plan for data management, analysis, and dissemination to stakeholders.
- Identify how the organization will meet the HRSA required performance reporting in alignment with Indiana's MIECHV Performance Measurement, Data Collection, and Data Analysis Plan. A summary of the MIECHV performance measures is available online at: [MIECHV Data, Evaluation & Continuous Quality Improvement](#)
- Describe how you will maintain separate accounting for MIECHV ARP families
- Explain the capacity to submit quarterly and annual reports complete and on time.

SECTION 3-H: CONTINUOUS QUALITY IMPROVEMENT

Describe how the organization currently utilizes continuous quality improvement (CQI).

- Describe any major CQI goals and activities.
- Discuss technical assistance that may be requested from IDOH staff, IDOH-supported technical assistance providers, and/or NFP NSO to support CQI.

SECTION 3-I: SUSTAINABILITY PLAN

Outline a plan for how the program activities will be sustained at the conclusion of this one-time funding. This plan may include, but is not limited to:

- Anticipated contributors of sustained funding
- Plans to ensure dedicated staff after the conclusion of grant funding.
- Plan to continue and expand on collaborating partnerships.

SECTION 4: BUDGET JUSTIFICATION

Please provide a justification for each expense laid out in the budget section. Please be as specific as possible for all line items.

SECTION 5: REQUIRED ATTACHMENTS

ATTACHMENT A: WORK PLAN

Complete the provided work plan document and complete the following:

- Ensure the project goals and objectives match those stated in the application.
- List in chronological order the activities to occur within the project period (October 2022 – September 2024).

ATTACHMENT B: BUDGET

The budget worksheet must be submitted with the application as a separate Microsoft Excel document. **Do NOT substitute a different format.** The budget must correlate with project duration:

- October 1, 2022 through September 30, 2024

Create separate budgets for each Fiscal Year (FY) using the appropriate tabs for each worksheet:

The budget is an estimate of what the project will cost. In this section, demonstrate that:

- All expenses are directly related to project;
- The relationship between budget and project objectives is clear; and
- The time commitment to the project is identified for staff categories that are **directly** involved in the project and is adequate to accomplish project goals.

All staff listed in the budget must be included. In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed State rates. Currently, the in-state travel reimbursement is \$0.42 per mile, \$26 per day per diem, and \$96 plus tax per night of lodging. Please check for consistency among all budget information. In completing the budget, remember that all amounts should be rounded to the nearest penny.

EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

- Construction of buildings, building renovations
- Depreciation of existing buildings or equipment
- Contributions, gifts, donations
- Entertainment, food
- Automobile purchase
- Interest and other financial costs

- Costs for in-hospital patient care
- Fines and penalties
- Fees for health services
- Accounting expenses for government agencies
- Bad debts
- Contingency funds
- Executive expenses (car rental, car phone, entertainment)
- Fundraising expenses
- Legal fees
- Legislative lobbying
- Equipment (over \$5,000 per unit)
- Dues to societies, organizations, or federations
- Incentives

ATTACHMENT C: LETTER OF SUPPORT

Due to the intensive level of community and organizational planning required to develop a feasible NFP Implementation Plan, in order to be considered for funding the State requires all applicants to submit a letter of support from the NFP National Service Office stating they have a current contract in good-standing or have been deemed conditionally ready to implement the program.

ATTACHMENT D: ORGANIZATIONAL CHART

Include an organizational chart showing all staff that are planned to work in this program.

ATTACHMENT E: POSITION AND JOB DESCRIPTIONS

Include short bio-sketches for key personnel currently in positions that will be funded by this program and job descriptions for all key positions to be filled.

ATTACHMENT F: OTHER STATE FUNDING SYNOPSIS

Include an overview and amount of what other State Agency, Indiana Department of Health, and/or MCH funding you currently hold. Please provide a general synopsis of what the funding is being used for and who your contact is with. Format as a PDF.

ADDITIONAL INFORMATION

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